

**OHLONE COMMUNITY COLLEGE DISTRICT
FACULTY INDIVIDUAL FLEX PROGRAM
PROJECT PROPOSAL FORM**

This program is open to all Full-Time Faculty

As a Learning College, the Ohlone Community College District promotes lifelong learning for all. To support this goal, the Faculty FLEX Program encourages continuous learning to ensure that employees are prepared to meet the needs of students and the District now and in the future. Program eligibility and participation details are available at the link: <http://www.ohlone.edu/org/profdev/facultyflex/>. To participate in this program, please submit your project proposal by filling in Section I & II of this form, obtain Dean signature and send it Professional Development Coordinator. To receive Faculty Individual FLEX hours, within two weeks of completion of your project, please complete Project Complete Report by filling in Section III of this form and send it to Professional Development Coordinator. *Keep a copy for your records.*

Faculty Name: _____ **Department/Division:** _____ **Date:** _____

Faculty Individual FLEX Project Title: _____

SECTION I: Please complete this section completely.

(Please refer to Ohlone College Mission, Vision, Values and Goals attached at the end of this form).

1. Describe your project with timeline.

2. How does this project improve instruction and foster student success.

3. Describe planned outcomes and explain how you will assess the success of this activity.

4. How do you plan to share your project outcomes?

- Presentation to Colleagues: When/Where: _____
 Other: _____

The total number of hours needed to complete this proposal are _____ hours

I will complete the above project with an hourly commitment equal to or greater than the hours indicated above.

Faculty Signature: _____ **Date:** _____

Section II: Division Dean review and approval for the above Individual FLEX Activity Proposal:
Dean Comments and recommendations: _____

Division Dean Signature: _____ Date: _____

**OHLONE COMMUNITY COLLEGE DISTRICT
FACULTY INDIVIDUAL FLEX PROGRAM
PROJECT ACTIVITY REPORT**

(Save this page and submit within two weeks of completion of your project to receive your FLEX hours)

Faculty Name: _____ Department/Division: _____ Date: _____

Faculty Individual FLEX Project Title: _____

Section III: Documentation of Individual Faculty FLEX hours from the above project:

Please type your responses. If necessary, use additional pages. Thank you.

Individual FLEX requirement for full-time faculty is 24 hours per academic year. The deadline for submission for FLEX reports is June 30 of each academic year. Faculty must submit absence report for FLEX commitments not met by June 30 of each academic year.

1. Provide a short summary of your completed Individual FLEX project.

2. Assess outcomes of this activity by reflecting on what changes you have or will make in your instruction. How will this activity promote student success?

3. Describe how you will share your project outcomes.

The total number of hours claimed to complete the project from the original proposal are _____ hours

I completed the above project with an hourly commitment equal to or greater than the hours indicated above.

Faculty Signature: _____ Date: _____

Professional Development Coordinator use only:

Date Final Summary of FLEX Report Received: _____ FLEX hours awarded: _____

Professional Development Coordinator Signature: _____ Date: _____